
Purpose

Provide guidance on student's and volunteer's access to client records.

Student Access To Client Information

It is the responsibility of the WIC local agency to orient all students observing in the WIC clinics as to the confidential manner in which client information is to be handled. It should be made very clear that the information the students have access to during their clinic observations should be confidential.

If students wish to utilize the information in the client's chart for purposes not directly related to WIC clinic functions, the WIC client must sign a Student Release Form found later in this procedure. An applicant/client may refuse to sign a release form.

For example, if a school of nursing asks that its students conduct home visits to WIC clients and/or utilize its medical information for development of case studies, then a Student Release Form must be signed before the student may use client information. The statement on the Student Release Form regarding the confidentiality of the information should be explained to the student as well as that the expiration date

Allows access to this information for a limited amount of time.

The Student Release Form is not to be used as a referral or release of information form for clients. It's primary function is to be used as specified in this section.

Volunteers

Volunteers are frequently used by WIC local agencies and provide a very needed service. They are to be viewed as WIC staff in their responsibility in handling client data in a confidential manner. It is the responsibility of the WIC local agency to orient all volunteers as to the confidential manner in which client information is to be handled.

STUDENT RELEASE FORM

I, _____ give my consent for
(Your Name)

_____, to use information about:
(Student Name)

- ☐ Myself
- ☐ My child(ren) _____

for the purpose of:

All information will be held in a confidential manner so that the presentation of this information will in no way reveal or make known the name or names of any person or persons in the WIC record or disclose facts that would have the same result.

I understand that refusal to sign this form will not jeopardize my benefits or eligibility for the Program.

SIGNATURE: _____

WIC CLIENT OR PARENT/LEGAL GUARDIAN

DATE: _____

WIC is an equal opportunity provider.

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